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CONFIRMATION NO. 5814

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| SERIAL NUMBER 10/585,546 | FILING or 371(c) DATE 03/02/2009 RULE | CLASS 514 | GROUP ART UNIT 1655 | ATTORNEY DOCKET NO. 1914 | |
| APPLICANTS Marcin Krotkiewski, Askim, SWEDEN; ** CONTINUING DATA ***** This application is a 371 of PCT/EP05/00206 01/12/2005 ** FOREIGN APPLICATIONS ***** POLAND P.364411 01/15/2004 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/30/2009 | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SUSAN COE Hoffmann/ Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY SWEDEN | SHEETS DRAWINGS 10 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 2 |
| ADDRESS ALFRED J MANGELS 4729 CORNELL ROAD CINCINNATI, OH 452412433 | | | | | |
| TITLE Formulation for treating obesity and associated metabolic syndrome | | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |